## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New rep	oort Amends repor	t filed on
Full Name of Payee	☐ Memo Ite	Date of Public Distribution/Dissemination
National Nurses United		05 22 7 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	229.50
Oakland CA	94612	Transaction ID: D735530  Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	05 24 2016
Name of Federal Candidate	Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement For: Primary General 2016 Other (enceits)
E !! N ( D	☐ Memo Iter	Other (specify)
Full Name of Payee  Michael Konopacki		Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination
Mailing Address PO Box 1917		Amount
City State	Zip Code	1200.00
Madison WI	53701-1917	Transaction ID: D742529  Date of Disbursement or Obligation
Purpose of Expenditure Cartoon	Category/ Type	05 D D D D D D D D D D D D D D D D D D D
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	833324.95	Disbursement For: Primary General  2016  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		1429.50
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures		<b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	07 15 2016
Signature		